



Town of Framingham

BOARD OF HEALTH

Room 221 Memorial Building
Framingham, MA 01702-8379

Tel. (508) 532-5470
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Procedure for Opening a New Food Service Establishment (Restaurant)

The following items must be submitted at the time of application:

1. Completed Food Service Permit Application. Fees: \$150.00 if 50 seats or less, \$225.00 if 51-200 seats, \$400.00 if 201 or more seats. This permit expires annually on December 31st.
2. Submit a detailed floor plan and complete the attached Food Service Establishment Information Sheet. Floor Plan review fee is \$50.00 if 50 seats or less, \$100.00 if 51-200 seats and \$150.00 if 201 or more seats.
3. (If Applicable) Completed Frozen Dessert Manufacturing License – if you are serving soft serve ice cream or yogurt. The fee is \$5.00 with the Permit expiring annually on March 31st. As needed, please request the necessary Frozen Dessert Applications from the office as they are not included with this package.
4. Submit all applicable fees for permits and plan review. Checks must be made payable to the *Town of Framingham*.
5. Obtain the business card of the inspector assigned to your establishment for future communications.

**** To expedite the application and plan review process, please ensure that all information is thoroughly completed. This will assist the Board of Health in reviewing and processing your materials in a timely manner. Please be advised that the Building Department will not issue a construction permit until the Board of Health approves plans.**

**** Before opening**, a final inspection by an inspector from this department is required to ensure compliance with State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments and the 1999 FDA Food Code.

Food Service Establishment Information

A. Finish Schedule for Facility

	Floors	Walls	Ceiling	Coving
Kitchen				
Food Storage				
Bathrooms				
Warewashing				
Breakrooms				
Other Storage				

B. Equipment Schedule

Please note that all equipment must be NSF or ANSI approved and/or meet the requirements outlined in the State Sanitary Code, Chapter X and the FDA Food Code for Materials of Construction, Chapter 6.

Is equipment situated on wheels or does the layout of equipment provide adequate spacing between to allow access for proper cleaning?

Yes () No () Explain _____

Are kick plates, condenser and fan covers easily removable for access and proper cleaning? Yes () No ()

Are light fixtures in food preparations areas fitted with protective coverings?

Yes () No ()

C. Warewashing Facilities

In addition to a 3 compartment sink (required) will a mechanical dishwasher be used? Yes () No ()

If yes, please complete the following information:

Type of sanitization used: Hot water (temp. provided) _____

Booster heater

Or

Chemical _____

Low sanitizer alarm: Visual _____ or Audio _____

For 3 compartment sink:

Does largest pot or pan fit into each compartment? Yes () No ()

Are there drain boards on each end? Yes () No ()

Is a rack provided for air-drying of utensils? Yes () No ()

What type of sanitizer will be used? Chlorine () or Quaternary ()

D. **Sinks**

(1) Handwashing Sinks:

How many handsinks are provided in the food preparation area? # _____

Sanitary soap and towel dispenser(s) provided? Yes () No ()

(2) Food Preparation Sinks

How many food preparation sinks are provided? # _____
(at least 1 is required)

(3) Service Sink

Where will the service/mop sink be located? _____

Will an assembly be provided for the hanging of mops etc. Yes () No ()

E. **Garbage & Refuse**

Do all containers (inside) have lids? Yes () No ()

Will an outside dumpster be used? Yes () No ()

Number _____ Size _____

Frequency of pick-up _____ Contractor _____

Will a compactor be used? Yes () No ()

Frequency of pick-up _____ Contractor _____

Will cans be stored outside? Yes () No ()

Is an enclosure provided for the storage of dumpster/cans/compactor?

Yes () No ()

If yes, is the surface sloped to drain properly? Yes () No ()

Is an outside faucet provided for cleaning? Yes () No ()

F. **Dressing Rooms**

Are separate dressing rooms provided for employees? Yes () No ()

Are lockers provided for the storage of personal belongings? Yes () No ()

If no, describe storage facilities and areas provided _____

G. **General**

Describe facilities for separation of storage of insecticides and detergents/sanitizers/cleaners and first aid supplies etc.

Are laundry facilities provided on the premises? Yes () No ()

If yes, what will be laundered _____

If yes, is location physically separated from food preparation area and warewashing? _____

Location of clean linen storage _____

Location of dirty linen storage _____

Are floor drains provided? () yes () no

Exhaust Hoods

Hood Locations	Odor supp. Dvce Filters	Square Feet provided	Fire Protection	Air Capacity CFM

H. **Insect and Rodent Harborage**

Are all outside doors self-closing? Yes () No ()

Are screen doors provided on outside doors for use in the summer? Yes () No ()

Is area around building clear of unnecessary brush, litter, boxes or other harborage?

Yes () No ()

Are air curtains used? Yes () No () If yes, where? _____

What licensed pest control company will be used for service? _____

I. **Other**

Please describe back siphonage protection to be used in establishment

Will establishment be selling retail food? Yes () No ()

Have you submitted plans/applications to the following: (Y/N)

_____ Board of Selectman _____ Zoning _____ Planning _____ Fire
_____ Building _____ Plumbing _____ Electric _____ Police _____ Other

Meals to be served: _____ Breakfast _____ Lunch _____ Dinner

Number of seats _____ Square Feet _____

Please enclose the following documents:

_____ Proposed menu _____ Specification sheets for all equipment
_____ Site plan showing location of business, site plan, outdoor structures
_____ Details of ventilation – mechanical or natural, CFM
_____ Location and size of all grease traps _____ Location of employee dressing rooms
and/or lockers
_____ Details of lighting – location, type and shielding or protection
_____ Details of special operations such as salad bars, bulk foods and vacuum packing
_____ List of licensed wholesalers that you will be using to obtain meats, fish, dairy, produce,
bakery goods, sanitizers, cleaning agents and other items.

Management & Personnel

Please be advised that the following items must be submitted prior to approval for opening being granted:

- * Copy of Food Manager Certification training credential (as of 10/01/2001)
- * Employee Illness Policy and Reporting Guidelines
(sample policy & Guide to Excluding & Restricting Food Employees attached)
- * If serving raw or undercooked foods, must provide copy of consumer advisory
- * If establishment has greater than 24 seats, please provide copy of choke-saver training credential or documentation